

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m-G		11/4/99
O.I.P.E. CLASSIFIER	DN	32	11/9
FORMALITY REVIEW	CM	71632	11/24/99

CM 71632

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral) Canceled
+ Restricted

N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
Final	Original
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50

Claim	Date
Final	Original
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Claim	Date
Final	Original
110	111
112	113
114	115
116	117
118	119
120	121
122	123
124	125
126	127
128	129
130	131
132	133
134	135
136	137
138	139
140	141
142	143
144	145
146	147
148	149
150	

If more than 150 claims or 10 actions
staple additional sheet here

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